

Portage Trail Village: Bus Stop Locations



1. METRO Bus Line #10 - Bus Stops
2. METRO Bus Line #23 - Bus Stop
3. Walgreens
4. Asian Food Market
5. Polletta's Pastries & Gifts
6. Humana Pet, Dairy Queen, Dr. Waterbed and Matress Sleep Center, & Prime Time Sporting Goods



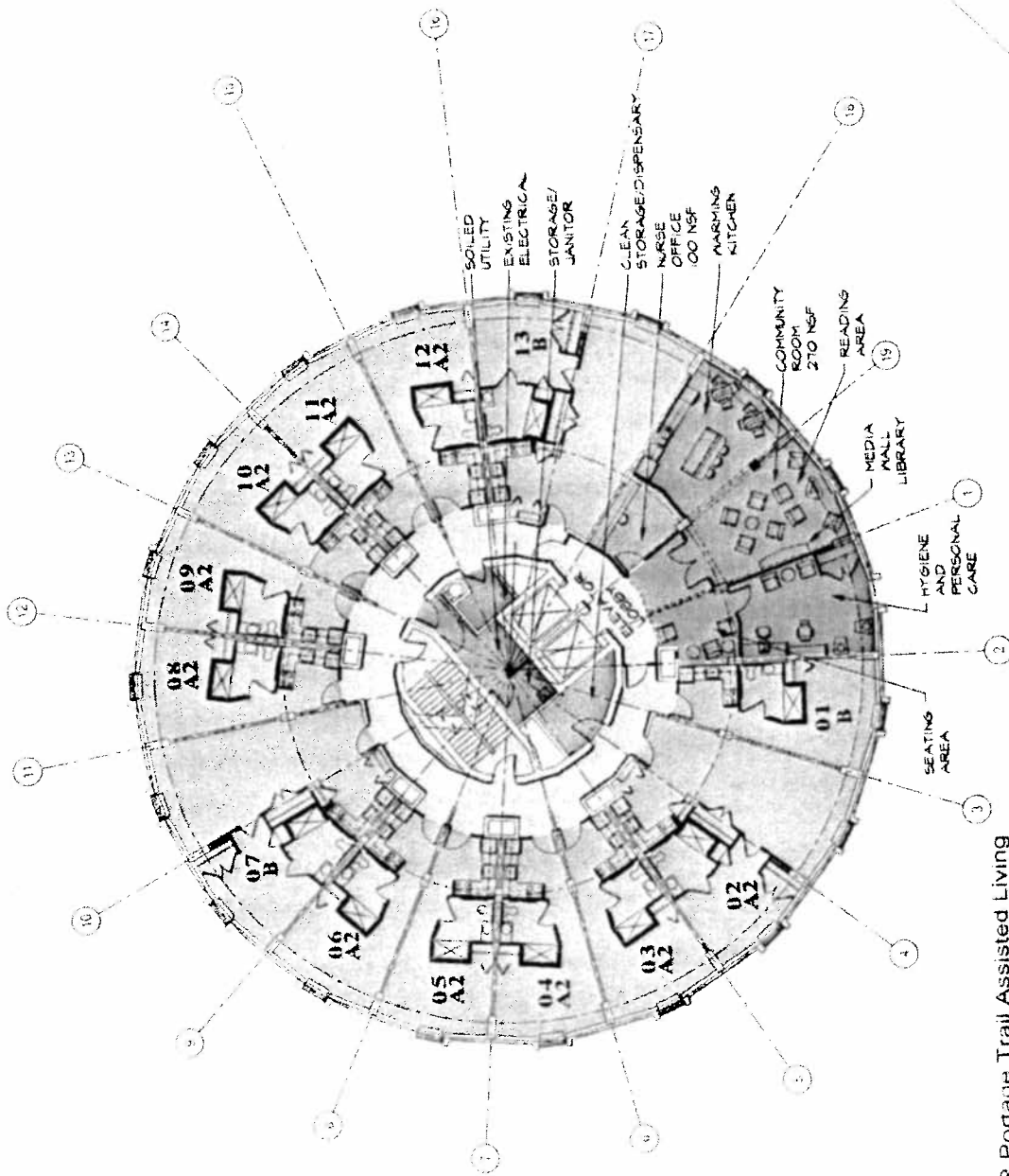
NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH

Aerial Context Map



HUD ALCP
 Application

berardi
 PARTNERS

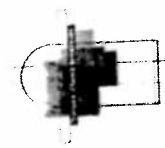
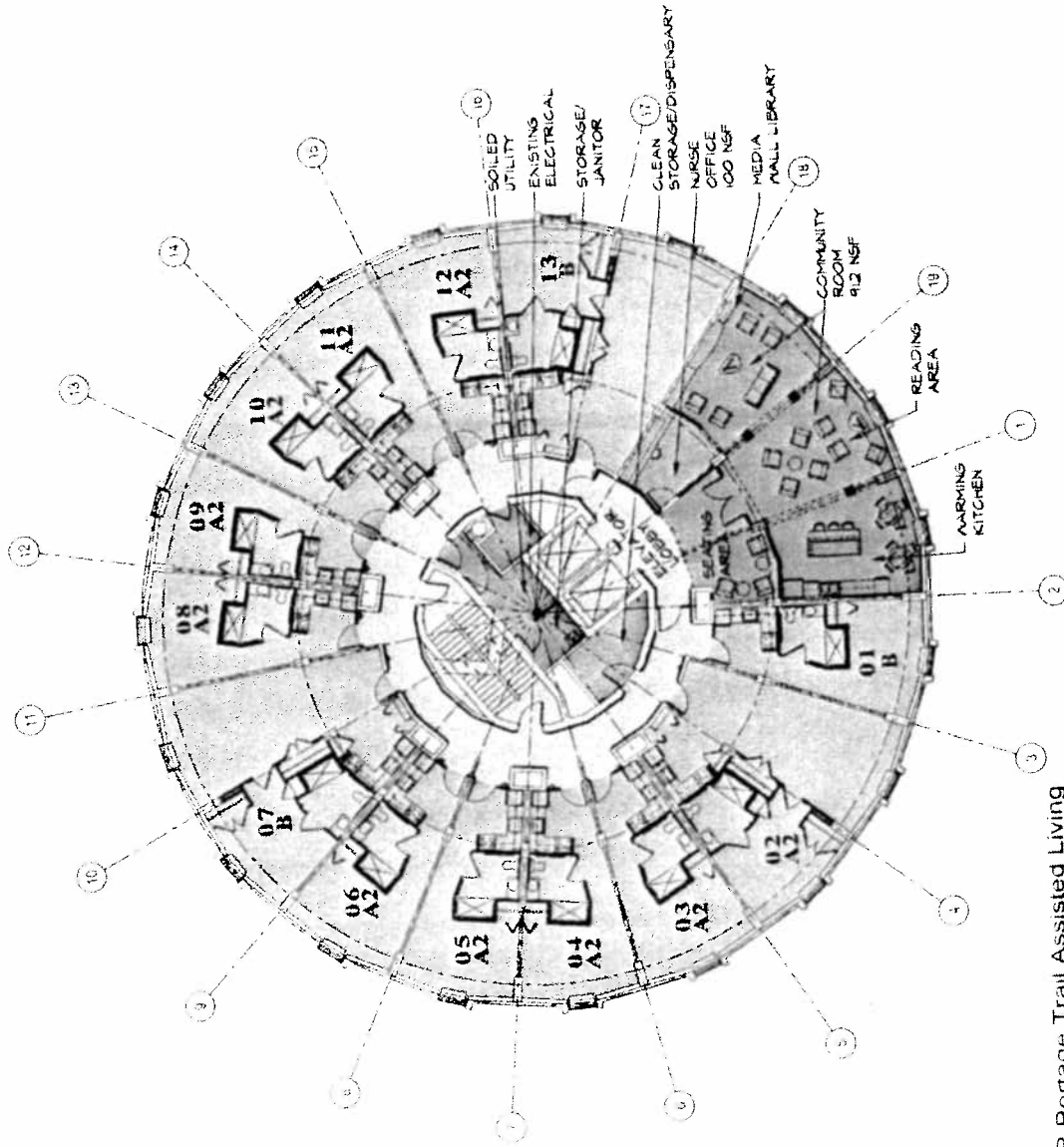


HUD ALCP
 Application
A101

berardi
 | partners |

NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH

proposed 4th floor plan 1/16"=1'-0"
 NO NURS FLOORS 7-12



NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH



proposed 5th and 6th floor plans 1/16"=1'-0"

NO MORE FLOORS T-2

HUD ALCP
 Application
 A102

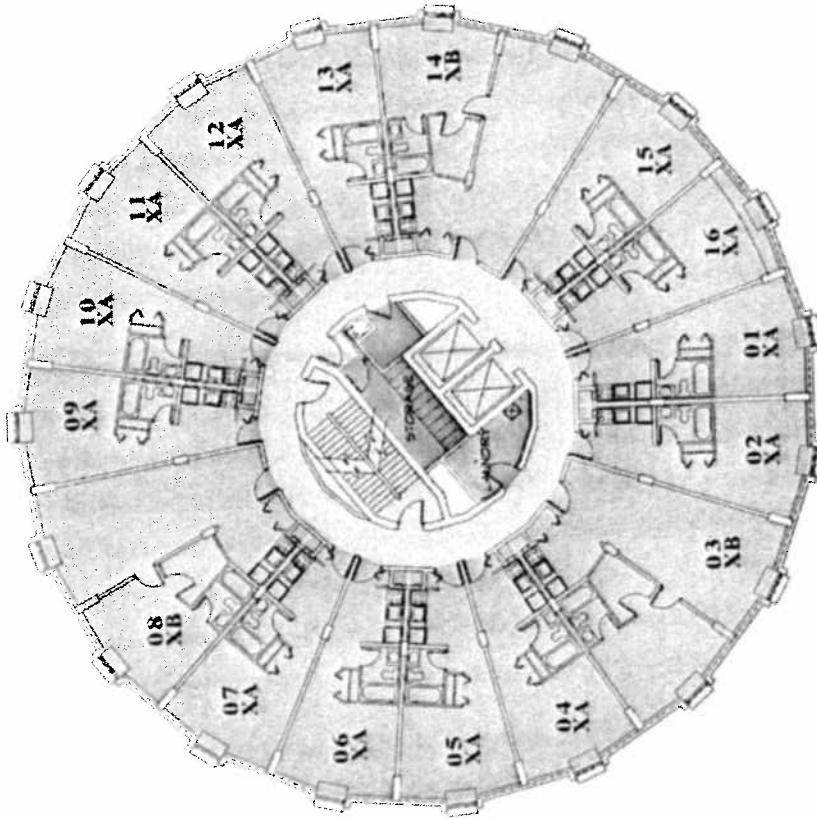
berardi
 partners

legend

- UNITS
- PUBLIC
- PRIVATE
- SUPPORT
- GENERAL

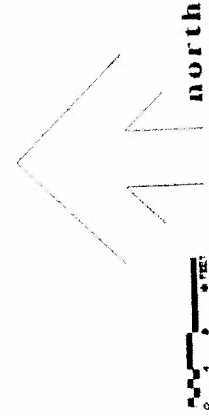


Portage Trail ALCP
 Exhibit 5
 DUNS: 60241803
 FAX: 123207519-2061



legend

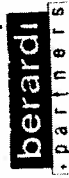
- UNITS
- PUBLIC
- PRIVATE
- SUPPORT
- GENERAL



NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH

existing typ. upper floor plan
0413 00P

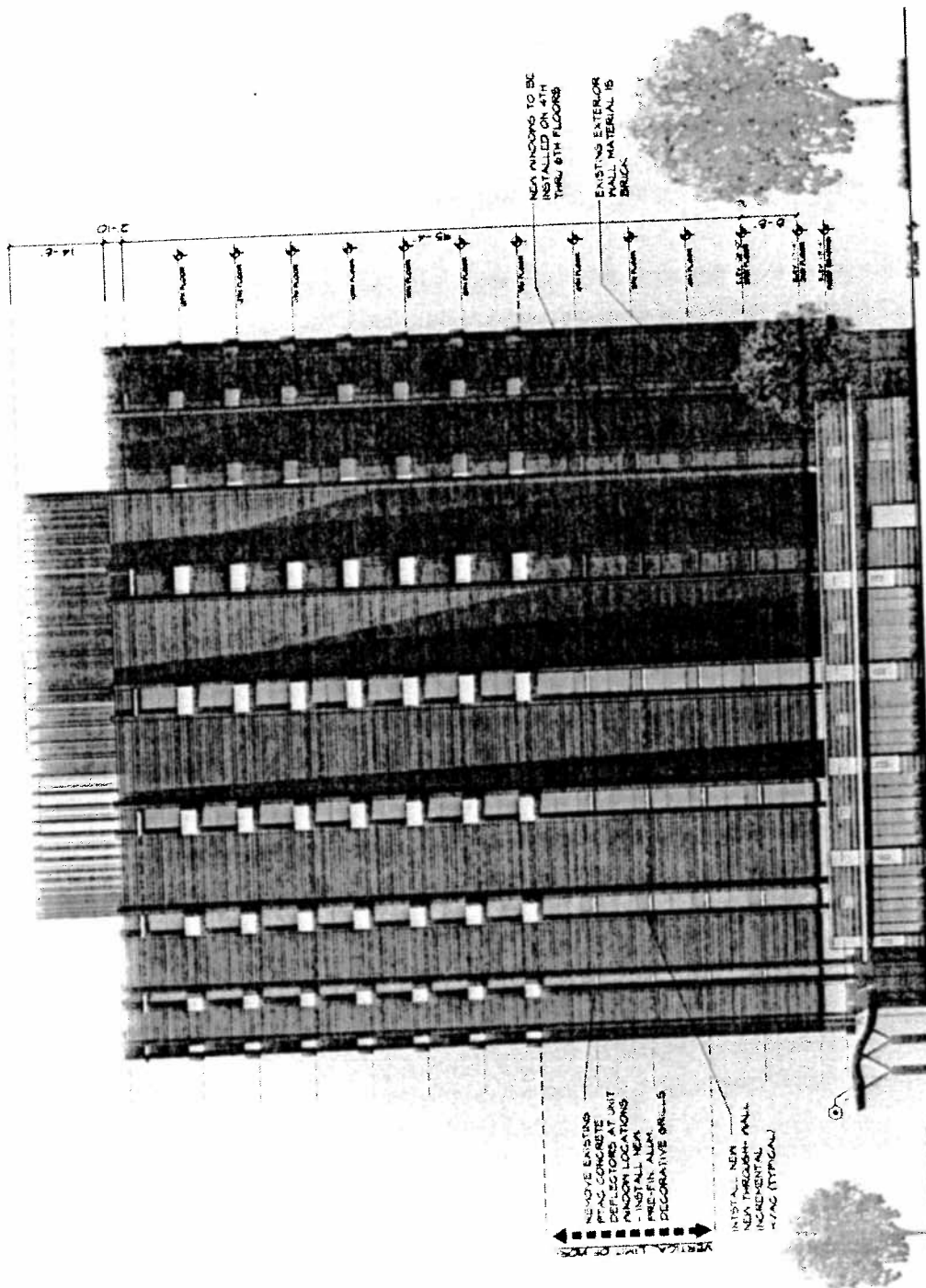
HUD ALCP
 Application
B101



20112
C/A - NORMAN - SM - ONO - B
CATHEDRAL APARTMENTS
DATE: AUGUST 22ND 1986
CHUBBICK, DEBORAH
1517 HAWK ASSOCIATES
APT 1214
2000 CATHY BOULEVARD
CATHEDRAL FALLS, ONO

HUD ALCP Application

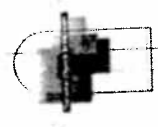
A201

berardi
partners

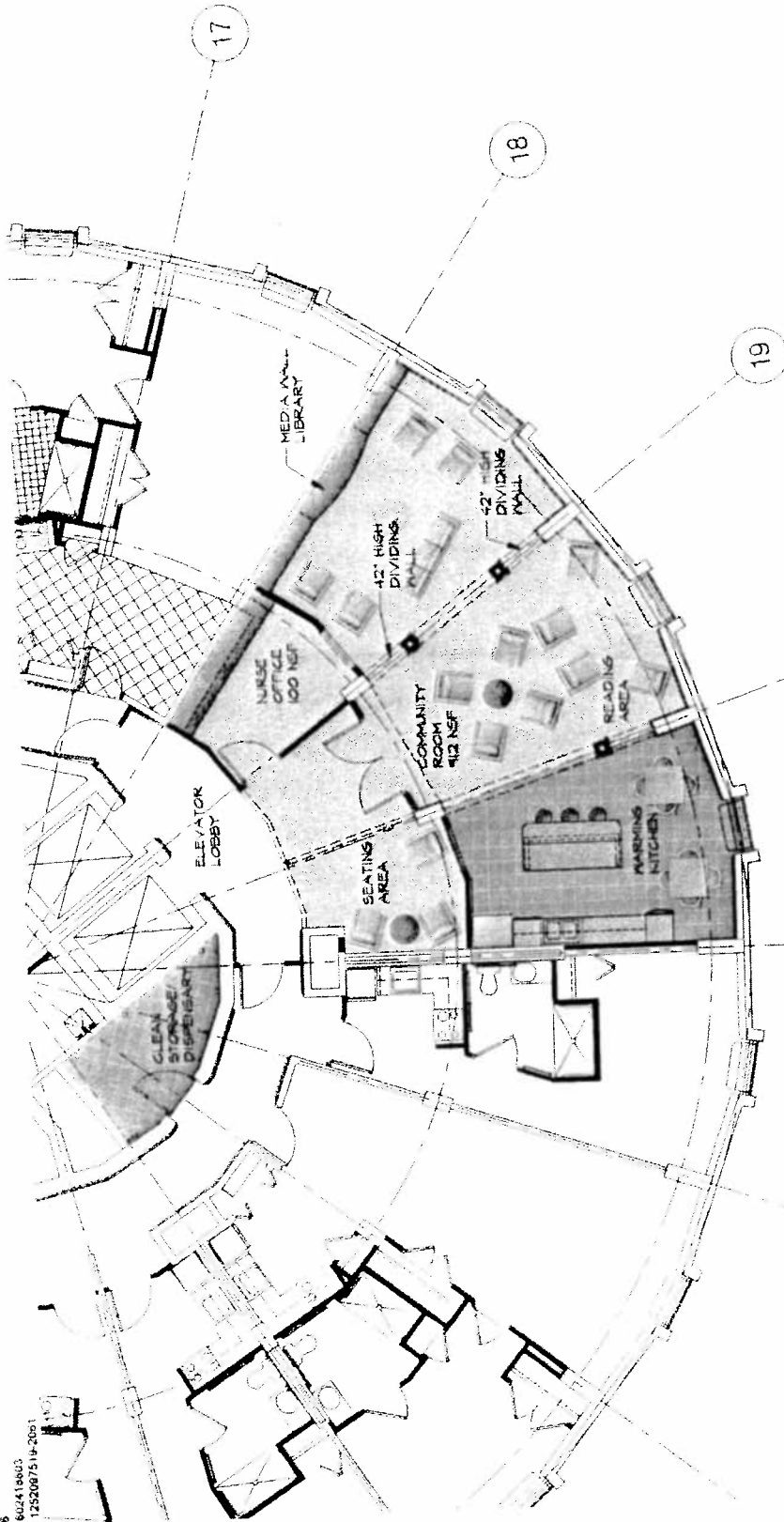
REMOVE AND
REPLACE ALL 1ST
FLOOR PATIO
DOORS WITH NEW
WINDOWS IN FULL

proposed elevation modifications

NCR Portage Trail Assisted Living
Cuyahoga Falls, OH



Portage Trail ALCP
 EXHIBIT 5
 DWS 602418603
 PAUD 1252087514-2061



HUD ALCP
 Application
A301

berardi
 -partners-



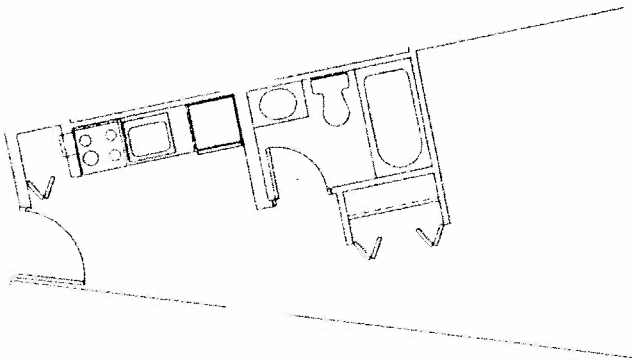
enlarged comm. area plan
 1/8"=1'-0"



Page 72 of 86

NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH



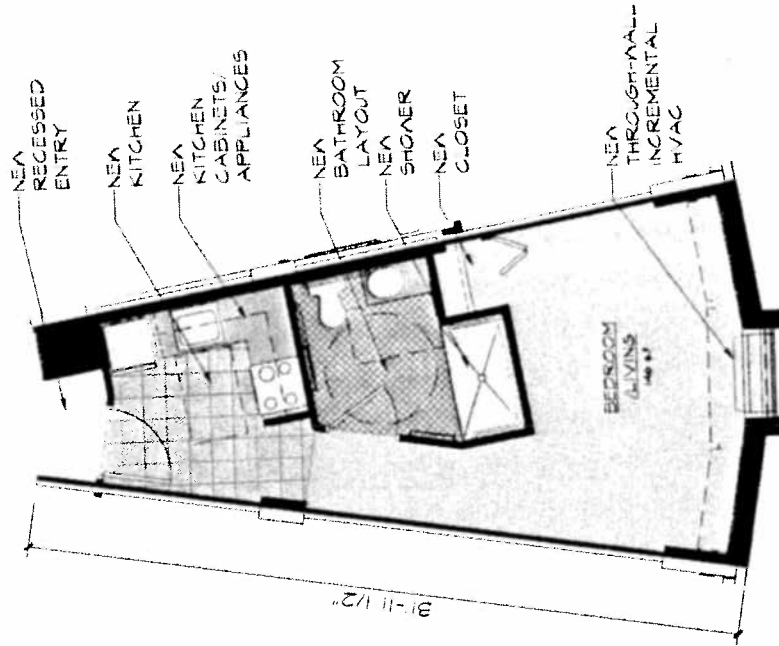


typ. unit 'A' existing
 efficiency unit plan

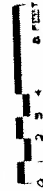


544 sq. ft. gross

NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH



typ. unit 'A' proposed
 efficiency unit plan



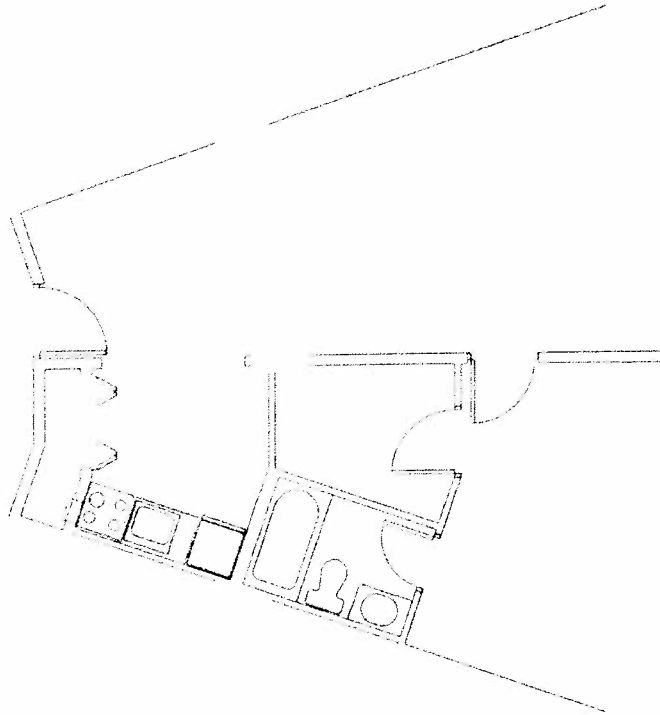
544 sq. ft. gross

HUD ALCP
 Application

A302

berardi
 partners

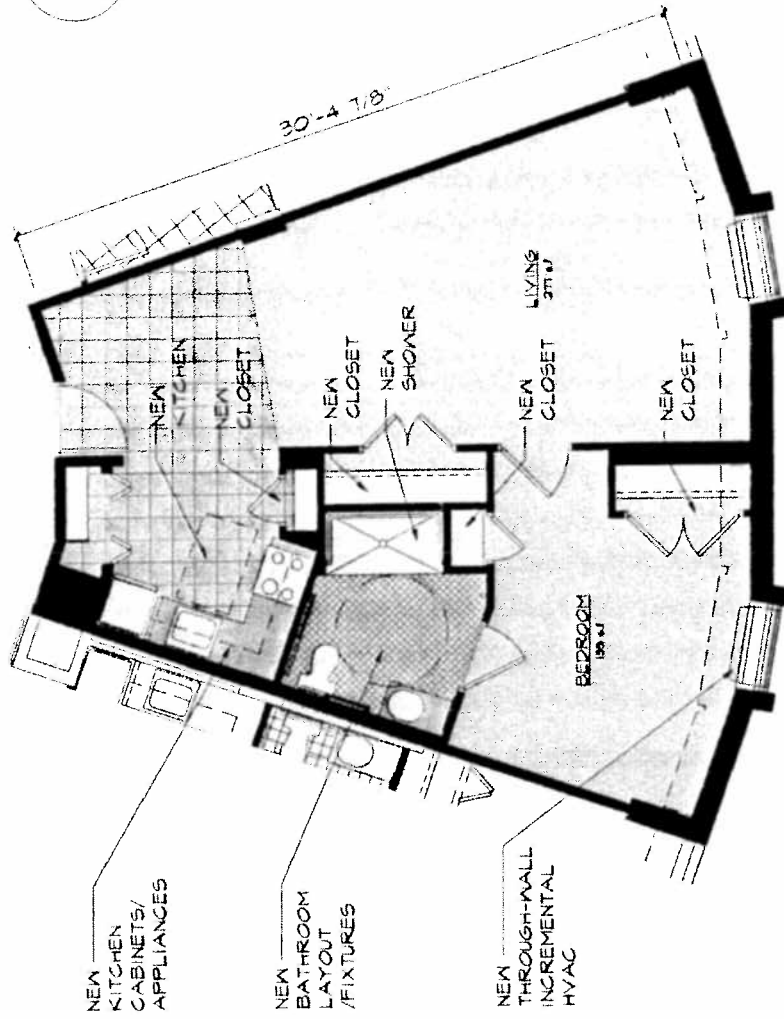
Project: HUD ALCP
 Exhibit 6
 DUNS: 60/2118603
 F4340: 1252087514-2061



typ. unit 'B' existing
 one bedroom unit plan



NCR Portage Trail Assisted Living
 Cuyahoga Falls, OH



typ. unit 'B' proposed
 one bedroom unit plan



HUD ALCP
 Application
 A302



EXHIBIT 6

A description of the physical construction aspects of the ALF conversion, including the following:

- (g) Provide a budget showing at least estimated costs for materials, supplies, fixtures and labor for each of the items in Section IV.B.6.e, items (1) through (7), above.*

Please see the following project budget, and construction cost estimate, form HUD 2328, for this ALCP project.

Owner: National Church Residences of Cuyahoga Falls, OH
Project: Portage Trail Village ALCP II
Project No.: 042-SH015

<i>LOCCS</i> <i>Account No.</i>	<i>ALCP Funding Line Item</i>	<i>Budget Amount</i>
1010	Capital Costs	
	Survey/ Engineering	5,000.00
	Environmental Assessments	
	AMPO/FFE	75,000.00
	Construction	2,755,090.00
	Bond Premium	30,430.00
	Permits/Fees	16,000.00
	Rehab. Contingency	250,000.00
	Hazards Materials-testing	15,000.00
	Sub-Total	3,146,520.00
1020	Relocation/Vacancy	
	Relocation	225,280.00
	Lost Revenue/ Vacancy	200,900.00
	Sub-Total	426,180.00
1030	Administration	
	Organizational	50,000.00
	Insurance	10,000.00
	Cost Certification	8,000.00
	Sub-Total	68,000.00
1040	Legal/Consultant/Architect	
	Legal	5,000.00
	Consultant	158,908.00
	Architect - Design	126,068.00
	Architect - Supervision	42,023.00
	Sub-Total	331,999.00
	TOTAL COSTS	3,972,699.00

Contractor's and/or Mortgagor's Cost Breakdown Schedules of Values

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

Section 227 of the National Housing Act (Section 126 of the Housing Act of 1954, Public Law 560, 12 U.S.C., 1715r), authorizes the collection of this information. The information is required for a general contractor when an identity of interest exists between the general contractor and the mortgagor or when the mortgagor is a nonprofit entity and a cost plus contract has been used. The information is used by HUD to facilitate the advances of mortgage proceeds and their monitoring.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. While no assurances of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.

Date: October 27, 2009	Sponsor: National Church Residences of Cayuhoga Falls, OH. Inc.		
Project No: 043-SH015	Building Identification: ALCP Renovations		
Name of Project: Portage Trail Phase II ALCP	Location: 45 Cathedral Lane, Cayahoga Falls, OH		

This form represents the Contractors and/or Mortgagors firm costs and services as a basis for disbursing dollar amounts when insured advances are requested. Detailed instructions for completing this form are included on the reverse side.

Line	Div.	Trade Item	Cost	Trade Description
1	3	Concrete		
2	4	Masonry		
3	5	Metals	\$ 43,061	Canopy complete
4	6	Rough Carpentry		wood trim, accessories, trim, cabinets, tops & doors
5	6	Finish Carpentry	\$ 151,307	
6	7	Waterproofing	\$ 6,900	Joint sealers
7	7	Insulation		
8	7	Roofing		
9	7	Sheet Metal	\$ 75,566	Doors and hardware 39 units
10	8	Doors	\$ 21,345	windows
11	8	Windows		
12	8	Glass		
13	9	Lath and Plaster	\$ 241,210	drywall, insulation
14	9	Drywall		
15	9	Tile Work		
16	9	Acoustical		
17	9	Wood Flooring		
18	9	Resilient Flooring	\$ 89,800	paint
19	9	Painting and Decorating	\$ 31,393	wire shelving, toilet & bath accessories, interior signage
20	10	Specialties	\$ 127,112	Sprinkler system
21	11	Special Equipment	\$ 37,811	cabinets and tops
22	11	Cabinets	\$ 73,832	range refrig, disposal, hood, shield, warming kitchen allowances
23	11	Appliances	\$ 4,466	mini & vertical blinds
24	12	Blinds and Shades, Artwork	\$ 157,164	VCT, carpet & flooring complete
25	12	Carpets	\$ 248,574	demo, ext PTAC covers, interior + abatement
26	13	Special Construction	\$ 140,500	Elevator refurbish allowance
27	14	Elevators	\$ 289,744	water sanitary tie into existing fixtures
28	15	Plumbing and Hot Water	\$ 261,520	replace PTACs
29	15	Heat and Ventilation		
30	15	Air Conditioning		
31	16	Electrical	\$ 418,432	load centers, branch power/lighting, fire alarm, CATV, dr access, phone ent
32		Subtotal (Structures)	\$ 2,419,737	
33		Accessory Structures		
34		Total (Lines 32 and 33)	\$ 2,419,737	

Line	Div.	Trade Item	Cost	Trade Description			
35	2	Earth Work					
36	2	Site Utilities					
37	2	Roads and Walks					
38	2	Site Improvements	\$ 17,720	Fencing			
39	2	Lawns and Planting					
40	2	Unusual Site Condition					
41		Total Land Improvements	\$ 17,720				
42		Total Struct. & Land Imprvts.	\$ 2,437,457				
43	1	General Requirements	\$ 141,270				
44		Subtotal (Lines 42 thru 43)	\$ 2,578,727				
45		Builder's Overhead	\$ 51,574				
46		Builder's Profit	\$ 124,789				
47		Subtotal (Lines 44 thru 46)	\$ 2,755,090				
48							
49		Other Fees	\$ 16,000				
50		Bond Premium	\$ 30,430				
51		Total for All Improvements	\$ 2,801,520				
52		Builder's Profit Paid by Means Other Than Cash					
53		Total for All Improvements Less	\$ 2,801,520	Total \$ 16000			

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Mortgagor:	By:	Date:
Contractor:	By:	Date:
FHA: (Processing Analyst)	Date:	FHA: (Chief, Cost Branch or Cost Analyst)
FHA: (Chief Underwriter)	Date:	Date:

Instructions for Completing Form HUD-2328

This form is prepared by the contractor an/or mortgagor as a requirement for the issuance of a firm commitment. The firm replacement cost of the project also serves as a basis for the disbursement of dollar amounts when insured advances are requested. A detailed breakdown of trade items is provided along with spaces to enter dollar amounts and trade descriptions.

A separate form is prepared through line 32 for each *structure type*. A summation of these structure costs are entered on line 32 of a master form. Land improvements, General Requirements and Fees are completed through line 53 on the master 2328 *only*.

Date--Date form was prepared.

Sponsor--Name of sponsor or sponsoring organization.

Project No.--Eight digit assigned project number.

Building Identification--Number(s) or Letter(s) of each building as designated on plans.

Name of Project--Sponsors designated name of project.

Location--Street address, city and state.

Division--Division numbers and trade items have been developed from the cost accounting section of the uniform system.

Accessory Structures--This item reflects structures, such as: community, storage, maintenance, mechanical, laundry and project office buildings. Also included are garages and carports or other buildings.

When the amount shown on line 33 is \$20,000.00 or 2% of line 32 whichever is the lesser, a separate form HUD-2328 will be prepared through line 32 for Accessory Structures.

Unusual Site Conditions--This trade item reflects rock excavation, high water table, excessive cut and fill, retaining walls, erosion, poor drainage and other on-site conditions considered unusual.

Cost--Enter the cost being submitted by the Contractor or bids submitted by a qualified subcontractor for each trade item. These costs will include, as a minimum, prevailing wage rates as determined by the Secretary of Labor.

Trade Description--Enter a brief description of the work included in each trade item.

Other Fees--Includable are fees to be paid by the Contractor, such as sewer tap fees not included in the plumbing contract. Fees paid or to be paid by the Mortgagor are not to be included on this form.

Total For All Improvements--This is the sum of lines 1 through 50 and is to include the total builder's profit (line 46).

Line 52--When applicable, enter that portion of the builder's profit (line 46) to be paid by means other than cash and/or any part of the builder's profit to be waived during construction.

Non-Residential and Special Exterior Land Improvement Costs--Describe and enter the cost of each improvement, i.e. on-site parking facilities including individual garages and carports, commercial facilities, swimming pools with related facilities and on-site features provided to enhance the environment and livability of the project and the neighborhood. The Design Representative and Cost Analyst shall collaborate with the mortgagor or his representative in designating the items to be included.

Off-Site Costs--Enter description and dollar amount including fees and bond premium for off-site improvements.

Demolition--Enter description and dollar amount of demolition work necessary to condition site for building improvements including the removal of existing structures, foundations, utilities, etc.

Other Fees--Enter a brief description of item involved and cost estimate for each item.

Signatures--Enter the firm name, signature of authorized officer of the contractor and/or mortgagor and date the form was completed.

EXHIBIT 6

A description of the physical construction aspects of the ALF conversion, including the following:

- (h) *Include firm commitment letters with specific dollar amounts from appropriate organization(s) for conversion needs (within the scope of the ALF conversion NOFA) which will be supported by non-HUD funding.*

Portage Trail has secured no other sources of funding to convert these 48 existing units into 39 assisted living units.

EXHIBIT 6

A description of the physical construction aspects of the ALF conversion, including the following:

(i) A description of any relocation of current tenants including a statement that:

(1) Cost of temporary relocation payments/related services

Relocation			
Total number of units to be renovated			39units
On-site Resident moves	70 affected units@	\$740	\$51,800
Off-site Resident moves	35 units affected@	\$950	\$33,250
On-site Office moves	2 office@	\$675	\$ 1,350
Offsite Rent (15units @ \$700/mo for 9 months)			\$94,500
Cable & phone costs per unit	100 transfers@	\$100	\$10,000
On-site cleaning/painting	40 onsite@	\$ 250	\$10,000
Total Relocation Costs			\$200,900

Loss of rental revenue:

Portage Trail 2009 ALCP

# of Months per dev phase	# of units vacant	Rent loss per month	Development Phase	
1	10	\$5,120.00	Grant Awarded	Mar-10
2	12	\$6,144.00	Prepare Plans	Apr-10
3	12	\$6,144.00		May-10
4	14	\$7,168.00		Jun-10
1	18	\$9,216.00	Vacate Units	Jul-10
2	20	\$10,240.00		Aug-10
1	22	\$11,264.00	Construction Start- Phase 1	Sep-10
2	24	\$12,288.00	Phase 1	Oct-10
3	28	\$14,336.00	Phase 1	Nov-10
4	32	\$16,384.00	Phase 1	Dec-10
5	32	\$16,384.00	Phase 2	Jan-11
6	32	\$16,384.00	Phase 2	Feb-11
7	32	\$16,384.00	Phase 2	Mar-11
8	32	\$16,384.00	Phase 2	Apr-11
9	28	\$14,336.00	Phase 3	May-11
10	26	\$13,312.00	Phase 3	Jun-11
11	24	\$12,288.00	Phase 3	Jul-11
12	22	\$11,264.00	Construction Complete- Phase 3	Aug-11
1	20	\$10,240.00	Fill units - Move-in Phase	Sep-11
	Total	\$225,280.00		

Project Phase	Vacancy loss per phase
Award of Funds/	
Design	\$24,576.00
Initial Vacate	\$19,456.00
Construction	\$171,008.00
Fill Units - Move in	\$10,240.00
Total Vacancy Loss	\$225,280.00

(Enter Average
Rent per unit)

\$512.00

(2) *Staff organization to carry out relocation*
Relocation Activities

The coordination of all the relocation activities will be arranged by Portage Trail Activities will be assigned to the following:

<u>Task</u>	<u>Responsible Party</u>
1. Packing and moving of residents' belongings and furniture.	Contract Moving Company
2. Cleaning of apartment after modifications.	Contract Cleaning Company
3. Removal and reinstallation of window treatments, picture frames, etc.	Portage Trail Maintenance Staff Portage Trail Management Staff
4. Coordination of telephone, cable, and other services.	

(3) *Identification of tenants that will be temporarily relocated*
See attached resident list.

(4) Portage Trail certifies that Temporary Relocation will not exceed beyond one year.

If, due to unforeseen circumstances, it takes more than one year to return a tenant to his or her previous unit or location Portage Trail will pay permanent relocation benefits immediately. This assistance will be in addition to any assistance the person has already received for temporary relocation and will not be reduced by the amount of the temporary assistance benefit. Portage Trail also certifies that the receipt of any permanent relocation benefits does not mean that the resident has lost the right to return to the project or unit.

Unit#	Resident Name
0401	
0402	
0403	
0404	
0405	
0406	
0407	
0408	
0409	
0410	
0411	
0412	
0413	
0414	
0415	
0416	
0501	
0502	
0503	
0504	
0505	
0506	
0507	
0508	
0509	
0510	
0511	
0512	
0513	
0514	
0515	
0516	
0601	
0602	
0603	
0604	
0605	
0606	
0607	
0608	
0609	
0610	
0611	
0612	
0613	
0614	
0615	
0616	

EXHIBIT 6

A description of the physical construction aspects of the ALF conversion, including the following:

- (j) *Address how training, employment, and economic opportunities will be directed to low-and very low-income persons that receive government assistance for housing and to business concerns which provide economic opportunities to low- and very low- income persons and people with disabilities.*

Work and Life Skills Training

Portage Trail believes in the concept of enrichment of life through education and training for all individuals regardless of age. We anticipate expanding our current programs and outreach through the elderly housing project proposed in this application. It is the intention of Portage Trail to promote and offer these opportunities to individuals within the community in addition to our residents.

Portage Trail is a designated Neighborhood Network Computer Lab center.

Common spaces in this facility are utilized for enrichment programs, workshops and classes to benefit the tenants as well as low and very low- income members of the community. Some examples of our intent to assist our residents with training and employment are as follows:

- Computer learning program
- Hall monitors to assist residents with emergency needs
- Volunteer escorts for residents
- Peer companion program

Employment & Economic Opportunities

Portage Trail is an equal opportunity employer. Vacancies are filled through Portage Trail's rigorous hiring process, which provides opportunities for minorities and persons with disabilities. Portage Trail distributes job notices to all staff, other social service agencies, town offices, and groups that represent minorities and persons with disabilities.

Portage Trail will continue to identify employment opportunities that can be offered to

low and very low-income persons within the immediate community of the project. Every effort will be taken to see that this project both enriches the lives of those who will reside here and serves as an asset to the community, opening doors to educational and employment opportunities that ultimately lead to individual independence and community revitalization and growth.

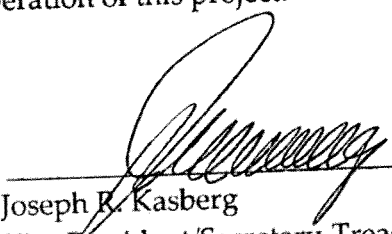
Request for proposals will be encouraged from local persons and small, minority owned, and/or women owned business enterprises for contracts and employment opportunities during the development and construction of this project and to on-going operational needs.

Portage Trail anticipates that through the construction of this ALCP project business opportunities will be created, including those for section 3 businesses. Additionally jobs will be created including section 3 positions. The general contractor for this project will be required to solicit bids from MBE and WBE subcontractors and small business enterprises.

Please see the attached statement from Portage Trail indicating their policy of nondiscrimination and employment of minority and low-income and small business community enterprises.

National Church Residences of Cuyahoga Falls, OH, is an organization whose employment policy regarding discrimination is that it will provide equal employment opportunities and will not discriminate because of race, creed, color, sex, age, religion, national origin or handicap.

Our company currently attempts to conduct at least 25% of its business with minority business enterprises and/or women's business enterprises. National Church Residences of Cuyahoga Falls, OH, also anticipates opportunities for qualified, low-income business owners within the project's community for involvement during the development, construction and operation of this project.



Joseph R. Kasberg
Vice President/Secretary-Treasurer
National Church Residences of Cuyahoga Falls, OH

EXHIBIT 7

A description of any retrofit or renovation which will be done at the project (with third party funds) that is separate and distinct from the ALF conversion. With such a description, attach firm commitment letters from third party organizations in specific dollar amounts which will cover the cost of any work outside the scope of the NOFA. (If you are going to include Green Design and Building along with Energy Star as one of your policy priorities, this exhibit should also discuss the features as part of the renovation plans to be paid with third party funds.)

Portage Trail Village has no renovation plans that are separate from the ALF conversion. Consequently, there is no other third party funding.

EXHIBIT 8

A letter from the local zoning official indicating evidence of permissive zoning. Also, show that the modifications to include the ALF into the project as proposed are permissible under applicable zoning ordinances or regulations.

Attached please find the letter from the zoning official indicating that the proposed activity is permissible under the existing zoning ordinance.

Oct. 6, 2009 12:30PM

Portage 2009 HUD AACP
Exhibit 8
DUNS: 602418803
FAXID: 1252097519-2061**Cuyahoga Falls**100 PLACES
TO LIVE
RelocateAmerica.com
2009

Susan L. Truby, Director

City of Cuyahoga FallsDevelopment Department
2310 Second Street
Cuyahoga Falls, Ohio 44221
Phone: 330/971-8135
Fax: 330/971-8366Jennifer L. Syx, Deputy Director
Fred R. Guerra, Planning Director

October 6, 2009

Mr. Jason Sherman, Project Manager
Berardi & Partners, Inc. Architects
369 East Livingston Avenue
Columbus, OH 43215

VIA FAX 614.221.0831 and USPS

**RE: Zoning Confirmation- Portage Trail Village 13 story apartment building
45 Cathedral Lane, Cuyahoga Falls, OHIO 44223
PPN 35-00413**

Dear Mr. Sherman:

The captioned property is located in the MU-4, Sub-Urban Corridor Zoning District and can be used for an apartment complex or assisted living. Such uses are in compliance with current zoning regulations. Your plans to convert the existing structure for additional assisted living services is compatible with the current zoning for the property. Conversions in Phase I being floors one to three, and Phase II floors four through six for assisted living shall be in compliance with current zoning. We concur that the resulting 183 units overall shall not increase the original density of 199 units.

The Development Code (zoning code) is available at www.cityofcf.com, Departments -- Community Development - Development Code.

If you have any questions, please contact me at 330.971 8139

Sincerely,

Peter M. Korycan
Senior Planner

cc: Fred R. Guerra, AICP, Planning Director

Project Location: Cuyahoga Falls
Project Location State: OHIO
Fiscal Year: 2009
Reporting Period:
Reporting Start Date:
Reporting End Date:

HUD Program: ALCP
Applicant Legal Name: National Church
Component Name: 0
Project Name: Portage Trail Village
Project Type: HUD Section 202
Construction Type: Rehabilitation

Problem, Need, Situation
2
Planning
Existing elderly housing developments do not have the necessary accessibility features and supportive services to permit frail elderly residents to remain independent and not be prematurely displaced to nursing homes

Services or Activities/Outputs
3
Programming
Housing-Design plan to add, modify and/or outfit common Housing-Unit to meet accessibility requirements, Housing-Design plan to add, modify and/or outfit a central

Outcome
5
Impact
Housing-Retrofit-Add, modify and/or outfit common space to Housing-Units converted Housing-Retrofit-Add, modify and/or outfit a central kitchen Nutrition-Meals provided in central dining room Nutrition-Residents obtain meals in central dining room

Measure
4
Pre Post YTD
Square Feet
1100
39
270
#N/A
#N/A
#N/A
Square Feet
1100
39
1100
39
#N/A
#N/A
Services
4
39
39
4
2
39
Businesses

HUD Goals	Policy Priority	Problem, Need, Situation	Services or Activities/Outputs	Outcome	Measure	Measure	Evaluation Tools
1		2	3	5	4	6	7
B3	B2	Existing elderly housing developments do not have the necessary accessibility features and supportive services to permit frail elderly residents to remain independent and not be prematurely displaced to nursing homes	Programming Housing-Design plan to add, modify and/or outfit common Housing-Unit to meet accessibility requirements, Housing-Design plan to add, modify and/or outfit a central	Impact Housing-Retrofit-Add, modify and/or outfit common space to Housing-Units converted Housing-Retrofit-Add, modify and/or outfit a central kitchen Nutrition-Meals provided in central dining room Nutrition-Residents obtain meals in central dining room	Pre Post YTD Square Feet 1100 39 270 #N/A #N/A #N/A Square Feet 1100 39 1100 39 #N/A #N/A Services 4 39 39 4 2 39 Businesses	Post YTD Square Feet 1100 39 270 #N/A #N/A #N/A Square Feet 1100 39 1100 39 #N/A #N/A Persons 4 39 39 4 39 39 Units Units Businesses	Accountability A. Tools for Measurement Construction log Intake log Plans B. Where Data Maintained Agency database C. Source of Data Counseling reports Payment vouchers Placements D. Frequency of Collection Monthly E. Processing of Data Computer spreadsheets
C3							
D3							
B3	F	Existing elderly housing developments do not have the necessary accessibility features and supportive services to permit frail elderly residents to remain independent and not be prematurely displaced to nursing homes	Policy Priority-Common space-Design incorporates energy Policy Priority-Units-Design incorporates energy efficiency Policy Priority-Common space-Design incorporates Green Policy Priority-Units-Design incorporates Green	Policy Priority-Common space incorporates energy efficiency Policy Priority-Units incorporates energy efficiency Policy Priority-Common space meets Green Development Policy Priority-Units meet Green Development	Pre Post YTD Square Feet 1100 39 1100 39 #N/A #N/A Services 4 39 39 4 2 39 Businesses	Post YTD Square Feet 1100 39 1100 39 #N/A #N/A Persons 4 39 39 4 39 39 Units Units Businesses	Counseling reports Payment vouchers Placements Monthly Computer spreadsheets
C3							
D3							
B3	G	Existing elderly housing developments do not have the necessary accessibility features and supportive services to permit frail elderly residents to remain independent and not be prematurely displaced to nursing homes	Case Management-Coordinate assisted living services Case Management-Frail elderly persons eligible for ALF Case Management-Frail elderly persons in need of units Case Management-Provide assisted living services Housing-Provide commitment and financial support letters Housing-Units receiving services-Planned Business Opportunities-Other-Existing elderly housing	Case Management-Linkages provided to residents-Persons Case Management-Frail elderly persons obtaining Case Management-Avoidance of placement into long-term Case Management-Residents linked to services-Actual Housing-Units receiving services-Actual Housing-Units receiving services-Actual Business Opportunities-Other-	Pre Post YTD Square Feet 1100 39 1100 39 #N/A #N/A Services 4 39 39 4 2 39 Businesses	Post YTD Square Feet 1100 39 1100 39 #N/A #N/A Persons 4 39 39 4 39 39 Units Units Businesses	Computer spreadsheets
C3							
D3							
C2							

Project Location: Cuyahoga Falls
Project Location State: OHIO
Fiscal Year: 2009
Reporting Period: Total
Reporting Start Date:
Reporting End Date:

Project Location: Cuyahoga Falls
Project Location State: OHIO
Fiscal Year: 2009
Reporting Period: Total
Reporting Start Date:
Reporting End Date:

Project Location: Cuyahoga Falls
Project Location State: OHIO
Fiscal Year: 2009
Reporting Period: Total
Reporting Start Date:
Reporting End Date:

Project Location: Cuyahoga Falls
Project Location State: OHIO
Fiscal Year: 2009
Reporting Period: Total
Reporting Start Date:
Reporting End Date:

Project Location: Cuyahoga Falls
Project Location State: OHIO
Fiscal Year: 2009
Reporting Period: Total
Reporting Start Date:
Reporting End Date:

HUD Goals	Policy Priority	Problem, Need, Situation	Measure		Outcome		Measure		Evaluation Tools	
			Pre	Post	Pre	Post	Pre	Post	Pre	Post
C2	1	Policy	3		4		5		6	
			Activities/Outputs		Pre		Post		Pre	
			Programming		39		Impact		39	
			Persons in need of units and Case Management-Provide assisted living services		4		of placement into long-term Case Management-Residents limited to services-Services		4	
			Housing-Provide commitment and financial support letters		2		Housing-Units receiving services-Actual		39	
			Housing-Units receiving services-Planned		39		Housing-Units receiving services-Actual		39	
					#N/A				#N/A	
					#N/A				#N/A	
					#N/A				#N/A	
					#N/A				#N/A	
C2	2	Planning nursing homes.	3		4		5		6	
			Business Opportunities-Other-Businesses		3		Business Opportunities-Other-Businesses		3	
			Business Opportunities-Other-Dollars		251465		Business Opportunities-Other-Dollars		251465	
			Business Opportunities-Section 3-Businesses		2		Business Opportunities-Section 3-Businesses		2	
			Employment Opportunities-Other-Jobs created		2		Employment Opportunities-Other-Jobs created		2	
			Employment Opportunities-Section 3-Jobs created		1		Employment Opportunities-Section 3-Jobs created		1	
			Employment Opportunities-Section 3-Persons		1		Employment Opportunities-Section 3-Persons		1	

HUD Goals	
A1	Increase homeownership opportunities. (1) Expand national homeownership opportunities.
A2	Increase homeownership opportunities. (2) Increase minority homeownership.
A3	Increase homeownership opportunities. (3) Make the home-buying process less complicated and less expensive.
A4	Increase homeownership opportunities. (4) Reduce predatory lending through reform, education and enforcement.
A5	Increase homeownership opportunities. (5) Help HUD-assisted renters become homeowners.
A6	Increase homeownership opportunities. (6) Keep existing homeowners from losing their homes.
B1	Promote Decent Affordable Housing. (1) Expand access to and availability of decent, affordable rental housing.
B2	Promote Decent Affordable Housing. (2) Improve the management accountability and physical quality of public and assisted housing.
B3	Promote Decent Affordable Housing. (3) Improve housing opportunities for the elderly and persons with disabilities.
B4	Promote Decent Affordable Housing. (4) Promote housing self-sufficiency.
B5	Promote Decent Affordable Housing. (5) Facilitate more effective delivery of affordable housing by reforming public housing and the Housing Choice Voucher program.
C1	Strengthen Communities. (1) Assist disaster recovery in the Gulf Coast region.
C2	Strengthen Communities. (2) Enhance sustainability of communities by expanding economic opportunities.
C3	Strengthen Communities. (3) Foster a suitable living environment in communities by improving physical conditions and quality of life.
C4	Strengthen Communities. (4) End chronic homelessness and move homeless families and individuals to permanent housing.
C5	Strengthen Communities. (5) Address housing conditions that threaten health.
D1	Ensure Equal Opportunity in Housing. (1) Ensure access to a fair and effective administrative process to investigate and resolve complaints of discrimination.
D2	Ensure Equal Opportunity in Housing. (2) Improve public awareness of rights and responsibilities under fair housing laws.
D3	Ensure Equal Opportunity in Housing. (3) Improve housing accessibility for persons with disabilities.
D4	Ensure Equal Opportunity in Housing. (4) Ensure that HUD-funded entities comply with fair housing and other civil rights laws.

HUD Priorities	
A1	Improve the knowledge of Homeowners, Homebuyers and Renters to be Aware of Discriminatory practices and their Rights and Increase Financial Literacy to Prevent Foreclosure and to Address the Needs of Households Facing Foreclosure. (1) Providing Credit Counseling and Education for Families and Individuals.
A2	Improve the knowledge of Homeowners, Homebuyers and Renters to be Aware of Discriminatory practices and their Rights and Increase Financial Literacy to Prevent Foreclosure and to Address the Needs of Households Facing Foreclosure. (2) Homebuying Information for New Homeowners.
A3	Improve the knowledge of Homeowners, Homebuyers and Renters to be Aware of Discriminatory practices and their Rights and Increase Financial Literacy to Prevent Foreclosure and to Address the Needs of Households Facing Foreclosure. (3) Rental Housing Options.
A4	Improve the knowledge of Homeowners, Homebuyers and Renters to be Aware of Discriminatory practices and their Rights and Increase Financial Literacy to Prevent Foreclosure and to Address the Needs of Households Facing Foreclosure. (4) How to File a Discrimination Complaint.
A5	Improve the knowledge of Homeowners, Homebuyers and Renters to be Aware of Discriminatory practices and their Rights and Increase Financial Literacy to Prevent Foreclosure and to Address the Needs of Households Facing Foreclosure. (5) Complying with Limited English Proficiency Requirements.
A6	Improve the knowledge of Homeowners, Homebuyers and Renters to be Aware of Discriminatory practices and their Rights and Increase Financial Literacy to Prevent Foreclosure and to Address the Needs of Households Facing Foreclosure. (6) Addressing the Needs of Homeowners, Homebuyers and Renters who are Persons with disabilities.
B1	Encouraging Accessible Design Features. (1) Visitability in new construction and substantial rehabilitation.
B2	Encouraging Accessible Design Features. (2) Universal Design.
C	Providing Full and Equal Access to Grassroots Faith-Based and Other Community Organizations in HUD Program Implementation.
D	Participation of Minority-Serving Institutions (MSIs) in HUD Programs.
E1	Ending Chronic Homelessness. (1) Creation of affordable housing units, supportive housing, and group homes.
E2	Ending Chronic Homelessness. (2) Establishment of a set-aside of units of affordable housing for the chronically homeless.
E3	Ending Chronic Homelessness. (3) Establishment of substance abuse treatment programs targeted to the homeless population.
E4	Ending Chronic Homelessness. (4) Establishment of job training programs that will provide opportunities for economic self-sufficiency.
E5	Ending Chronic Homelessness. (5) Establishment of counseling programs that assist homeless persons in finding housing, managing finances, managing anger, and building interpersonal relationships.
E6	Ending Chronic Homelessness. (6) Provision of supportive services, such as health care assistance that will permit homeless individuals to become productive members of society.
E7	Ending Chronic Homelessness. (7) Provision of service coordinators or one-stop assistance centers that will ensure that chronically homeless persons have access to a variety of social services.
F	Promoting Energy Star and Green Development.
G	Promoting Assistance to Veterans

E1	Embrace High Standards of Ethics, Management, and Accountability. (1) Strategically manage human capital to increase employee satisfaction and improve HUD performance.
E2	Embrace High Standards of Ethics, Management, and Accountability. (2) Improve HUD's management and its internal controls to ensure program compliance and resolve audit issues.
E3	Embrace High Standards of Ethics, Management, and Accountability. (3) Improve accountability, service delivery, and customer service of HUD and its partners.
E4	Embrace High Standards of Ethics, Management, and Accountability. (4) Capitalize on modernized technology to improve the delivery of HUD's core business functions.
F1	Promote Participation of Faith-Based and Other Community Organizations. (1) Reduce barriers to faith-based and other community organizations' participating in HUD-sponsored programs.
F2	Promote Participation of Faith-Based and Other Community Organizations. (2) Conduct outreach and provide technical assistance to strengthen the capacity of faith-based and community organizations to attract partners and secure resources.
F3	Promote Participation of Faith-Based and Other Community Organizations. (3) Encourage partnerships between faith-based and other community organizations and HUD's grantees and subgrantees.

CAMP


CAMP eLogic Model®


Column 2


PROBLEM, NEEDS, SITUATION

Existing elderly housing developments do not have the necessary accessibility features and supportive services to permit frail elderly residents to remain independent and not be prematurely displaced to nursing homes.

sdf23

 CAMP eLogic Model®	Click here to allow deletion of 'New' Activities
Column 3	
SERVICES OR ACTIVITIES/OUTPUTS	UNITS
Business Opportunities-Other-Businesses	Businesses
Business Opportunities-Other-Dollars	Dollars
Business Opportunities-Section 3-Businesses	Businesses
Business Opportunities-Section 3-Dollars	Dollars
Case Management-Consultation	Persons
Case Management-Coordinate assisted living services	Services
Case Management-Frail elderly persons eligible for ALF unit	Persons
Case Management-Frail elderly persons in need of units and services	Persons
Case Management-Monitor the activities and services of residents	Services
Case Management-Provide assisted living services	Services
Case Management-Residents aware of benefits and services offered by the facility	Persons
Case Management-Residents temporarily relocated	Persons
Case Management-Temporary relocation	Persons
Employment Opportunities-Other-Jobs created	FTE
Employment Opportunities-Other-Jobs retained	FTE
Employment Opportunities-Other-Persons	Persons
Employment Opportunities-Section 3-Jobs created	FTE
Employment Opportunities-Section 3-Jobs retained	FTE
Employment Opportunities-Section 3-Persons	Persons
Housing-Design plan to add, modify and/or outfit a central kitchen or dining room	Square Feet
Housing-Design plan to add, modify and/or outfit common space to meet accessibility requirements, building codes, and health and safety standards	Square Feet
Housing-Design plan to add, modify and/or outfit office space for ALF staff	Square Feet
Housing-Legal fees	Dollars
Housing-Provide commitment and financial support letters from funding and licensing agencies	Letters
Housing-Unit to meet accessibility requirements, building codes, and health and safety standards	Units
Housing-Units receiving services-Planned	Units
Housing-Upgrade a regular unit to an accessible unit for displaced resident	Units
Policy Priority-Common space-Design incorporates energy efficiency measures to meet Energy Star standards	Square Feet
Policy Priority-Common space-Design incorporates Green Development standards	Square Feet
Policy Priority-Participation of Nonprofit Grassroots Community Based Organizations, including faith-based organizations. (Do not include the applicant organization).	Organizations
Policy Priority-Units-Design incorporates energy efficiency measures to meet Energy Star standards	Units
Policy Priority-Units-Design incorporates Green Development standards	Units
Training Opportunities-Other	Persons
Training Opportunities-Section 3	Persons
other	Other

 CAMP eLogic Model®	Click here to allow deletion of 'New' Outcomes
Column 5	
ACHIEVEMENT OUTCOMES GOALS AND INDICATORS	UNITS
Business Opportunities-Other-Businesses	Businesses
Business Opportunities-Other-Dollars	Dollars
Business Opportunities-Section 3-Businesses	Businesses
Business Opportunities-Section 3-Dollars	Dollars
Case Management-Avoidance of placement into long-term care facility	Persons
Case Management-Frail elderly persons obtaining accessible assisted living housing	Persons
Case Management-Linkages provided to residents-Linkages	Linkages
Case Management-Linkages provided to residents-Persons	Persons
Case Management-Reduction in placement into long-term care facility	Persons
Case Management-Residents linked to services-Persons	Persons
Case Management-Residents linked to services-Services	Services
Case Management-Service coordinator to offer case management services	Services
Employment Opportunities-Other-Jobs created	FTE
Employment Opportunities-Other-Jobs retained	FTE
Employment Opportunities-Other-Persons	Persons
Employment Opportunities-Section 3-Jobs created	FTE
Employment Opportunities-Section 3-Jobs retained	FTE
Employment Opportunities-Section 3-Persons	Persons
Housing-Retrofit-Add, modify and/or outfit a central kitchen or dining room	Square Feet
Housing-Retrofit-Add, modify and/or outfit common space to meet accessibility requirements, building codes, and health and safety standards	Square Feet
Housing-Retrofit-Add, modify and/or outfit office space for ALF staff	Square Feet
Housing-Units converted	Units
Housing-Units receiving services-Actual	Units
Nutrition-Meals provided in central dining room	Meals
Nutrition-Residents obtain meals in central dining room	Persons
Policy Priority-Common space incorporates energy efficiency measures to meet	Square Feet
Policy Priority-Common space meets Green Development certification	Square Feet
Policy Priority-Percentage of work conducted by nonprofit grassroots community based organizations, including faith-based organizations. (Do not include the applicant organization).	Percentage of Work Conducted
Policy Priority-Units incorporate energy efficiency measures to meet Energy Star standards	Units
Policy Priority-Units meet Green Development certification	Units
Training Opportunities-Other	Persons
Training Opportunities-Section 3	Persons
other	other

 CAMP eLogic Model®	
A. Tools For Measurement	
Bank accounts	
Construction log	
Database	
Enforcement log	
Financial aid log	
Intake log	
Interviews	
Mgt. Info. System-automated	
Mgt. Info. System-manual	
Outcome scale(s)	
Phone log	
Plans	
Pre-post tests	
Post tests	
Program specific form(s)	
Questionnaire	
Recruitment log	
Survey	
Technical assistance log	
Time sheets	
B. Where Data Maintained	
Agency database	
Centralized database	
Individual case records	
Local precinct	
Public database	
School	
Specialized database	
Tax Assessor database	
Training center	
C. Source of Data	
Audit report	
Business licenses	
Certificate of Occupancy	
Code violation reports	
Counseling reports	
Employment records	
Engineering reports	
Environmental reports	
Escrow accounts	
Financial reports	
GED certification/diploma	
Health records	
HMIS	
Inspection results	
Lease agreements	
Legal documents	
Loan monitoring reports	
Mortgage documents	
Payment vouchers	
Permits issued	
Placements	
Progress reports	
Referrals	
Sale documents	
Site reports	
Statistics	
Tax assessments	
Testing results	
Waiting lists	
Work plan reports	
D. Frequency of Collection	
Daily	
Weekly	
Monthly	
Quarterly	
Biannually	
Annually	
Upon incident	
E. Processing of Data	
Computer spreadsheets	
Flat file database	
Manual tallies	
Relational database	
Statistical database	

Carter-Richmond Methodology

The Management Questions developed for your program are based on the Carter-Richmond Methodology.* A description of the Carter-Richmond Methodology appears in the General Section of the NOFA.

* © The Accountable Agency – How to Evaluate the Effectiveness of Public and Private Programs, Reginald Carter, ISBN Number 9780978724924

Evaluation Process

An evaluation process will be part of the on-going management of the program.

The following are standard requirements that HUD expects of every program manager as part of their project management.

- Comparisons will be made between projected and actual numbers for both outputs and outcomes.
- Deviations from projected outputs and outcomes will be documented and explained on space provided on the "Reporting" Tab.
- Analyze data to determine relationship of outputs to outcomes; what outputs produce which outcomes.

The reporting requirements are specified in the program specific NOFA and your funding award.

HUD Will Use The Following Management Questions To Evaluate Your Program:

Response to Management Questions

		Measure	Count/Amount
1	How many persons are you serving (unduplicated count)?	Persons	
2	How many units are in the project?	Units	
3	How many units in the project were retrofitted?	Units	
4	How many units were retrofitted to meet accessibility requirements, building codes, and health and safety standards?	Units	
5	How many units were retrofitted to meet Green Development certification?	Units	
6	How much common space was retrofitted to meet Green Development certification?	Common Space	
7	How many units were retrofitted to meet Energy Star standards?	Units	
8	How much common space was retrofitted to meet Energy Star standards?	Common Space	
9	What are the total costs of retrofitting units to meet accessibility requirements, building codes, and health and safety standards?	Dollars	
10	What is average cost of retrofitting units to meet accessibility requirements, building codes, and health and safety standards?	Dollars	
11	How much common space was retrofitted to meet accessibility requirements, building codes, and health and safety standards?	Common Space	
12	What are the total costs of retrofitting common space to meet accessibility requirements, building codes, and health and safety standards?	Dollars	
13	What is average cost of retrofitting common space to meet accessibility requirements, building codes, and health and safety standards?	Dollars	
14	What is average cost of retrofitting common space to meet Green Development certification?	Dollars	
15	What is average cost of retrofitting units to meet Green Development certification?	Dollars	
16	What is the total average anticipated energy savings as a result of using Energy Star appliances and products?	Dollars	
17	What is the total average anticipated energy savings as a result of units meeting Green Development certification?	Dollars	
18	How much common space (office?) was retrofitted for ALF staff?	Common Space	
19	What are the total costs of retrofitting common space (office?) for ALF staff?	Dollars	
20	How many modified or new central kitchen or dining rooms were created?	Rooms	
21	How many square feet were created resulting from modifying or new central kitchens or dining rooms?	Square Feet	
22	What are the total costs to modify or create a new central kitchen or dining room(s)?	Dollars	
23	What is the average cost to modify or create a new central kitchen or dining room(s)?	Dollars	
24	How many persons were maintained in their own residence as a result of the ALCP?	Persons	
25	How many persons avoided placement into a long-term care facility?	Persons	
26	What is the average dollar amount avoided per person by not being placed into a long-term care facility?	Dollars	
27	What are the total dollars avoided by not placing persons into a long-term care facility?	Dollars	
28	How many services were provided to residents?	Services	
29	How many linkages were provided to residents?	Linkages	
30	What is the value of linked or referred services provided by other community-based organizations?	Dollars	
31	How many FTE jobs were created?	FTE's	
32	How many FTE jobs were retained?	FTE's	
33	Of the FTE jobs created, how many were Section 3 FTE jobs?	FTE's	

34	Of the FTE jobs retained, how many were Section 3 FTE jobs?	FTE's	
35	How many persons were employed in accordance with Section 3 (unduplicated count)?	Persons	
36	Describe the population you are serving in the space below:		

	If you are collecting client level data, identify the number of persons receiving services:		
37	How many persons receiving services are ages 51-61?	Persons	
38	How many persons receiving services are age 62 and over?	Persons	

Explanation of Any Deviations From the Approved eLogic Model®

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	CLAORTOCPORTII.zip	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	EXHIBIT1PORTII.zip	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	EXHIBIT2PORTII.zip	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	EXHIBIT3PORTII.zip	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	EXHIBIT4PORTII.zip	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	EXHIBIT5PORTII.zip	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	EXHIBIT6PORTII.zip	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	EXHIBIT7PORTII.zip	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	EXHIBIT8PORTII.zip	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	EXHIBIT9PORTII.zip	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	EXHIBIT10PORTII.zip	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	EXHIBIT11PORTII.zip	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	LogicModel196010PORTII.xls	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: National Church Residences of Cuyahoga Falls, OH

Applicant's DUNS Name: 602418803

Federal Program: Assisted Living Conversion Program (ALCP)

CFDA Number: 14.314

1. Has the applicant ever received a grant or contract from the Federal government?

☒ Yes ☐ No

2. Is the applicant a faith-based organization?

☒ Yes ☐ No

3. Is the applicant a secular organization?

☐ Yes ☒ No

4. Does the applicant have 501(c)(3) status?

☒ Yes ☐ No

5. Is the applicant a local affiliate of a national organization?

☒ Yes ☐ No

6. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer ☐ 15-50
☐ 4-5 ☐ 51-100
☐ 6-14 ☒ over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

☐ Less Than \$150,000
☐ \$150,000 - \$299,999
☐ \$300,000 - \$499,999
☐ \$500,000 - \$999,999
☐ \$1,000,000 - \$4,999,999
☒ \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 2/28/2009

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this

information collection is **1890-0014**. The time required

to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

U.S. Department of Housing
and Urban Development

Close Form

Grant Applications
Detailed Budget

Organization Name: National Church Residences of Cuyahoga Falls, OH

Project/Activity Name: Portage Trail Village Phase II ALCP

	Functional Categories								
	Column 1 HUD Share (\$)	Column 2 Applicant Match (\$)	Column 3 Other HUD Funds (\$)	Column 4 Other Fed Share (\$)	Column 5 State Share (\$)	Column 6 Local/Tribal Share (\$)	Column 7 Other Share (\$)	Column 8 Program Income (\$)	Column 9 Total (\$)
a. Personnel (Direct Labor)									
b. Fringe Benefits									
c. Travel									
d. Equipment (only items > \$5,000 depreciated value)									
e. Supplies (only items < \$5,000 depreciated value)									
f. Contractual									
g. Construction	73,000.00								73,000.00
1. Administration and Legal Expenses									
2. Land, Structures, Rights-of- Way, Appraisals, etc.									
3. Relocation Expenses and Payments	426,180.00								426,180.00
4. Architectural and Engineering Fees	148,091.00								148,091.00
5. Other Architectural and Engineering Fees									
6. Project Inspection Fees									
7. Site Work									
8. Demolition and Removal									
9. Construction	2,821,520.00								2,821,520.00
10. Equipment									
11. Contingencies	250,000.00								250,000.00
12. Miscellaneous									
h. Other Direct Costs	156,908.00								156,908.00
i. Subtotal of Direct Costs	3,972,699.00								3,972,699.00
j. Indirect Costs (% Approved Indirect Cost Rate <input type="text"/> %)									
Grand Total (Year <input type="text"/> 1)									3,972,699.00
Grand Total (All Years):									3,972,699.00

Next Year

Form HUD-424-CB (1/2004)

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 08/31/2009)

Applicant/Recipient Information

* Duns Number: 602418803

* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

National Church Residences of Cuyahoga Falls, OH

* Street1: 2335 North Bank Drive

Street2:

* City: Columbus

County:

* State: OH: Ohio

* Zip Code: 43220

* Country: USA: UNITED STATES

* Phone: 413-565-7144

2. Social Security Number or Employer ID Number: 340978745

* 3. HUD Program Name:

Assisted Living Conversion for Eligible Multifamily Housing Projects

* 4. Amount of HUD Assistance Requested/Received: \$ 3,972,699.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Portage Trail Village

* Street1: 45 Cathedral Lane

Street2:

* City: Cuyahoga Falls

County:

* State: OH: Ohio

* Zip Code: 44223-1657

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☒ Yes

☐ No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☒ Yes

☐ No

If you answered " No " to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Form HUD-2880 (3/99)

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

U.S. Department of HUD

Government Agency Address:

* Street1: 1350 Euclid Avenue

Street2: Suite 500

* City: Cleveland

County:

* State: OH: Ohio

* Zip Code: 44115

* Country: USA: UNITED STATES

* Type of Assistance: ALCP Grant

* Amount Requested/Provided: \$ 5,040,351.00

* Expected Uses of the Funds:

ALCP Conversion 2008

Department/State/Local Agency Name:

* Government Agency Name:

U.S. Department of HUD

Government Agency Address:

* Street1: 1350 Euclid Avenue

Street2: Suite 500

* City: Cleveland

County:

* State: OH: Ohio

* Zip Code: 44115

* Country: USA: UNITED STATES

* Type of Assistance: Sect. 8 Rental

* Amount Requested/Provided: \$ 1,221,972.00

* Expected Uses of the Funds:

Section 8 Rental Assistance: Restricted to operating funds

(Note: Use Additional pages if necessary.)

PortageAdditional2880Page.pdf

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Form HUD-2880 (3/99)

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> %

(Note: Use Additional pages if necessary.)

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Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

* Signature:

Naren Dhamodharan

* Date: (mm/dd/yyyy)

10/30/2009

Close Form

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About

Save Form to Print

Facsimile Transmittal

1252097519-2061

U. S. Department of Housing
and Urban Development
Office of Department Grants
Management and Oversight

OMB Approval No. 2525-0118
exp. Date (5/30/2008)

* Name of Document Transmitting: Nothing faxed with this application.

1. Applicant Information:

* Legal Name: National Church Residences of Cuyahoga Falls, OH

* Address:

* Street1: 2335 North Bank Drive

Street2:

* City: Columbus

County:

* State: OH: Ohio

* Zip Code: 43220

* Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 602418803

CFDA No.: 14.314

Title: Assisted Living Conversion for Eligible Multifamily Housing Projects

Program Component:

3. Facsimile Contact Information:

Department:

Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix:

* First Name: Naren

Middle Name:

* Last Name: Dhamodharan

Suffix:

* Phone Number: 413-565-7144

Fax Number: 413-565-7145

* 5. Email: naren@gdaconsultants.com

* 6. What is your Transmittal? (Check one box per fax)

☐ a. Certification ☐ b. Document ☐ c. Match/Leverage Letter ☒ d. Other

* 7. How many pages (including cover) are being faxed? 1

Form HUD-96011 (10/12/2004)

Close Form

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About

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: 10/30/2009		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: National Church Residences of Cuyahoga Falls, OH					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 340978745			* c. Organizational DUNS: 602418803		
d. Address:					
* Street1: 2335 North Bank Drive					
Street2: <input type="text"/>					
* City: Columbus					
County: <input type="text"/>					
* State: OH: Ohio					
Province: <input type="text"/>					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 43220					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text"/>		* First Name: Naren			
Middle Name: <input type="text"/>		<input type="text"/>			
* Last Name: Dhamodharan		<input type="text"/>			
Suffix: <input type="text"/>		<input type="text"/>			
Title: AOR					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 413-565-7144			Fax Number: 413-565-7145		
* Email: naren@gdaconsultants.com					

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OMB Number: 4040-0004
Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.314

CFDA Title:

Assisted Living Conversion for Eligible Multifamily Housing Projects

* 12. Funding Opportunity Number:

FR-5300-N-15

* Title:

Assisted Living Conversion Program (ALCP)

13. Competition Identification Number:

ALCP-15

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Cuyahoga Falls, Summit County, Ohio

* 15. Descriptive Title of Applicant's Project:

Renovation of elderly housing units into assisted living units to enable elders "to age in place".
The upgrades will add accessibility to the converted units.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

15th

* b. Program/Project

15th

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

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17. Proposed Project:

* a. Start Date:

03/01/2010

* b. End Date:

09/01/2011

18. Estimated Funding (\$):

* a. Federal	3,972,699.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	3,972,699.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Naren

Middle Name:

* Last Name:

Dhamodharan

Suffix:

* Title:

AOR

* Telephone Number:

413-565-7144

Fax Number:

413-565-7145

* Email:

naren@gdaconsultants.com

* Signature of Authorized Representative:

Naren Dhamodharan

* Date Signed:

10/30/2009

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: National Church Residences of Cuyahoga Falls, OH * Street 1: 2335 North Bank Drive Street 2: * City: Columbus State: OH: Ohio Zip: 43220-5423 Congressional District, if known: 15		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: U.S. Department of HUD	7. * Federal Program Name/Description: Assisted Living Conversion for Eligible Multifamily Housing Projects CFDA Number, if applicable: 14.314	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant: Prefix: * First Name: N/A: No Lobbying Middle Name: * Last Name: N/A: No Lobbying Suffix: * Street 1: Street 2: * City: State: Zip:		
b. Individual Performing Services (including address if different from No. 10a) Prefix: * First Name: N/A: No Lobbying Middle Name: * Last Name: N/A: No Lobbying Suffix: * Street 1: Street 2: * City: State: Zip:		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Naren Dhamodharan * Name: Prefix: Mr. * First Name: Joseph Middle Name: * Last Name: Kasberg Suffix: Title: VP./Sec.-Treasurer Telephone No.: (614) 273-3734 Date: 10/30/2009		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

U.S. Department of HUD

Government Agency Address:

* Street1: 15 East 7th Street

Street2: 5th Floor

* City: Cincinnati

County:

* State: OH: Ohio

* Zip Code: 45202

* Country: USA: UNITED STATES

* Type of Assistance: RSC Extension

* Amount Requested/Provided: \$ 56,813.00

* Expected Uses of the Funds:

Residence Service Coordinator

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

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